

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-016698

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 386

Primary Registration District No. 8039

Registrar's No. 357

STATE FILE NUMBER

FILED APR 17 1963

1. PLACE OF DEATH

a. COUNTY

Linn

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

Brookfield

Length of stay in 1b

3 weeks

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

Perching Memorial Hosp.

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Linn

c. CITY

OR TOWN

Brookfield

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

213 West Clayton

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

JOSEPHINE BERTHA HOVIS

4. DATE OF DEATH

March 31, 1963

5. SEX

Female

6. COLOR OR RACE

white

7. Married

☐ Never Married ☒ Widowed ☐ Divorced ☐

8. DATE OF BIRTH

9/11/1884

9. AGE (last birthday)

78

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife in own home

10b. KIND OF BUSINESS OR INDUSTRY

Home

11. BIRTHPLACE (City and state or country)

Boscobel, Wisconsin

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

William M. Swenson

13b. MOTHER'S MAIDEN NAME

Bertha Johnson

14. NAME OF HUSBAND OR WIFE

Roy Hovis (deceased)

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

[Redacted]

17. INFORMANT

W.B. Swenson, West Concord, Minnesota

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Acute coronary occlusion

INTERVAL BETWEEN ONSET AND DEATH

1 hr.

DUE TO (b)

Generalized Arteriosclerosis

10 years

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Congestive Heart Failure

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☐

20b. SUICIDE

☐

20c. HOMICIDE

☐

20d. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20e. TIME OF INJURY
Hour a.m. p.m.
Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 2-1-63 to 3-31-63 and last saw her/him alive on 3-31-63 at 7 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Rev. Edmund M. [Signature]

(Degree or title)

22b. ADDRESS

Brookfield, Mo.

22c. DATE SIGNED

3/31/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

April 3, 1963

23c. NAME OF CEMETERY OR CREMATORY

Rose Hill Cemetery

23d. LOCATION (City, town, or county)

Brookfield, Missouri

24. FUNERAL DIRECTOR

Hill Funeral Home, Brookfield, Mo.

25. DATE RECD. BY LOCAL REG.

4-2-63

26. REGISTRAR'S SIGNATURE

Anna Watson

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

VS 300
Rev. 4/59
1 0585
2 0585
3
4 1
5 2
6
7 1
8 2
9 420.1
10
11
12 2-0
13 2-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.